Read the following scenario: Imagine that, for about a year, your nursing unit has been involved in an intensive campaign to improve patient satisfaction scores with pain management. You are getting good data from your patients, as the length of stay on this inpatient

geriatric medical nursing unit is only about 6 days. Your hospital does 100% survey to inpatients, and the response rate is about 25%,

which is higher than it has been. This notwithstanding, the percent of “patient very satisfied” (top box), with a score of 5, has been in the

low 70s. The national benchmark for medical surgical units like yours is about 85% very satisfied. Of all the units in your hospital, your

unit is the lowest scoring on this HCAPHS survey. But as your unit is the only geriatric medical nursing unit in the hospital, you’d always

thought it was the nature of the patient population. You have been the day shift representative to the QI team, and the scores on your

unit are posted monthly. Here are the numerous strategies that have been tried on your unit and the timeframes.

For this Discussion, examine the strategies and interventions tried in your unit and consider the following questions:

a) Were the strategies effective in creating a sustainable change on your nursing unit, and b) To what extent can your

nurse manager and CNO count on your unit exceeding the national benchmark in the next quarter, the next year?

That is, does this run chart have some predictive ability? Does the run chart support the nursing unit’s decision to celebrate? To what extent can the leadership be confident that the trend will continue?

Based on the scenario, explain what was done successfully and where improvement was needed in the quality

improvement process. Identify the performance improvement tools, and explain how they contributed to the outcome.

Support your response with references from the Resources and professional nursing literature. Your posts need to

be written at the capstone level (see checklist).